

ABSTRACT  
SOCIAL WORK

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SOME FACTORS CONTRIBUTING TO AFRICAN-AMERICAN PREGNANT  
TEENAGERS VERSUS AFRICAN-AMERICAN NON-PREGNANT  
TEENAGERS PERCEIVED IMPACT OF TEEN PREGNANCY ON SELF  
AND SIGNIFICANT OTHER

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The overall objective of this study was to determine whether there is a difference in African-American pregnant and non-pregnant teenagers perceived impact of teen pregnancy on self and significant other. To attain this objective, the following factors were addressed by the researcher: (1) parents' income, (2) attitude toward premarital sex, (3) attitude toward teen pregnancy, (4) family relationship, (5) peer relationship, (6) relationship with mother, and (7) importance of religion. This was a comparative study. Subjects were 10 pregnant adolescent females and 10 never pregnant females, ages 14 through 19, who attended North Clayton High School,

in College Park, GA. A structured questionnaire was administered. Data were analyzed using descriptive statistics and are reported in terms of frequency and percentage. Cross tabulations were used to compare the relationship of the two groups. The results showed that for this sample population premarital sex and teenage pregnancy are regarded as personal choices. Regardless of income, family relationships, or importance of religion, adolescents tended to express a high level of social tolerance for both. The hypothesis that there is no significant difference in African-American pregnant teenagers versus non-pregnant teenagers perceived impact of teen pregnancy on self and significant others was rejected.

SOME FACTORS CONTRIBUTING TO AFRICAN-AMERICAN  
PREGNANT TEENAGERS VERSUS AFRICAN-AMERICAN  
NON-PREGNANT TEENAGERS PERCEIVED IMPACT OF  
TEEN PREGNANCY ON SELF AND SIGNIFICANT OTHER

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I would like to thank God for blessing me with such a loving and supportive family and friends. I would especially like to thank my mother and daughter, Alexandra for the patience and love they have shown me over the past fourteen months. "I (truly) can do all things through Him who strengthens me." Phil. 4:13.

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## CHAPTER ONE

### INTRODUCTION

The teen pregnancy problem generates a level of emotion which would suggest that this social problem is one for which answers must be sought immediately. According to Meriwether (1984), teenage pregnancy is one of the major problems confronting the Black community today. At risk is the healthy development of a new crop of children. More than any other group, Black teen parents lack the necessary resources to adequately care for their offsprings. An increasing rate of Black adolescent pregnancy, then, may be seen by social workers as an indication that the Black community is out of control.

Black pregnant teenagers in trouble reflect families in trouble. "Poor parental control," "multi-problem families," "failure families", are the phrases most frequently uttered in discussions by social workers about Black pregnant teenagers. The issue of Black teen pregnancy is not new to the social work profession. According to Stream (1983), an historical overview of social work's philosophy about

an orientation to the pregnant unmarried mother yields several sequential trends. Analysis of the past two decades of social work literature reveals that periodicals in the field have been replete with data on the unmarried mother. Virtually every paper or book has begun with the axiom that a multitude of factors contribute to a young woman's becoming pregnant in her teens.

Much of the emotion surrounding the adolescent pregnancy problem stems from the magnitude of the problem and the pace at which the problem seems to have expanded. Perhaps the true magnitude of the problem is felt most by the adolescent and her child. There is no other problem in the Black community today that is more threatening to future generations of families than teen pregnancy, a problem of monumental proportions that is producing the woman child on unprecedented levels. It is a problem that will effect three generations - the teen parents, their children, and the grandparents, as suggested by Ladner (1971).

Social workers must place Black teen pregnancy within the context of other social problems facing



youth of all racial, ethnic and social class groups. In 1982 Black teens accounted for 24.6 percent of all Black births (Children's Defense Fund, 1985).

This study will look specifically at some factors contributing to Black pregnant teenagers versus Black non-pregnant teenagers perceived impact of teen pregnancy on self and significant other. This researcher feels that such knowledge is crucial to sensitive and effective service provision to this population. It is important for social workers to understand the causative factors, issues, experiences with self, and feelings about significant other. Such understanding is crucial to offering the Black pregnant teenager a corrective emotional experience.

Becerra & Fielder (1987) note that Black adolescents have the highest birth rate of all adolescents (87 births per 1,000 in 1982 for females under 20). Birth rates for all Black teenagers (married and unmarried) fell more sharply than for white teenagers...the decline in Black adolescent pregnancies is associated with a reduction in nonmarital birth rates for Black teenagers. The issue

of Black teen pregnancy is a relevant topic for social work concerns.

#### Purpose of Study

For social workers, Black adolescent pregnancy poses special concerns. Early childbearing is a serious social problem and has considerable consequences for the young Black mother. One of the challenging, tormenting aspects of our decade is the fact that we social workers are all too often aware that we are living through a time of revolution - social, racial, sexual - but that we cannot define it. We are in it but not of it; and we feel peripheral, sometimes out of communication with something we know is going on just outside of our office door. We fail frequently, to attempt an overview to synthesize research data, interview material, and day-to-day observations into a frame of reference that can be subjected to critical examination.

The purpose of this study is to attempt to examine those factors contributing to Black pregnant teenagers versus Black non-pregnant teenagers perceived impact of teen pregnancy on "self" and

"significant other." While much of the previous work on teenage pregnancy has been with problems of premature parenthood, contraceptive utilization, search for pathology, and sensitizing social workers to the subtleties and intricacies of the unmarried mother's personality and/or enriching interventions for her, this research will focus upon the pregnant adolescent perceived impact of pregnancy upon "self" and "significant other," variables which no doubt require more empirical research. This lack of focus in previous research perhaps obscures important information that social workers use to improve understanding of the Black pregnant teenagers. This study will address a gap in social work knowledge of adolescent pregnancy disproportionately affecting poor Black youths.

#### Significance of the Study/Statement of the Problem

Not often, but on occasion, a research study is under-taken on the cutting edge of an urgent social issue (Black teenage pregnancy) where "something must be done," even though the knowledge base is not yet secure enough to show clearly what that "something should be".

Teenage pregnancy in the Black community is no longer an issue that is discussed in hushed tones among social workers. It is now a problem that is widely discussed, debated and dealt with openly by social workers who understand the long term consequences it has for the teen parents, their children, and grandparents. Since the public is concerned with the question of teenage pregnancy and especially pregnant Black teenage girls, a few statistics are germane. About one million teens become pregnant each year (Guttmacher, 1981). In 1982, there were 523,531 births to teens. The births to teens rose when the baby generation entered the teen years and has since fallen. More over, the number of births to married teens have also decreased (Moore, 1985). Today, a majority of births to adolescents are out-of-wedlock. Additionally, Moore (1985) notes by their 18th birthday, 22 percent of Black females and 8 percent of white females have given birth. By the time they turn 20, 41 percent of Black females and 19 percent of white females have given birth. Baker (1988) note that Black Americans comprised 12 percent (26.5 million individuals) of the

U.S. population. Fifty-three percent of Blacks were females and 47 percent were male. Forty-four percent of Black women were in the childbearing years, between ages 15 and 44. The average number of persons per Black family was 3.72; per white family it was 3.9. In the Black population there were 1,568,417 female headed households without a husband present with children under age 18. For whites, 3,166,397 resided in female-headed households without a husband present with children under age 18. Although it is often presented as a concern in the Black community, Whites have three times the single-parent households of Blacks. Therefore, while the birth rate for white teens is increasing and the rate for Black teens has shown a decline, the overall rate for Black teens is still dramatically very high and compelling. Certainly, knowledge of these demographic data provides an important context for the social work practitioners.

These data are significant for setting the stage for discussing some factors contributing to Black pregnant teenagers versus Black non-pregnant teenagers

perceived impact of teen pregnancy on self and significant other.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

In a review of social work literature, adolescent pregnancy research has been found to contain some limitations. The blatant absence of significant studies on the development of minority and poor pregnant Black adolescents is a particular problem. According to Bolton (1980), adolescent pregnancy research has been found to contain some of the following limitations. (1) There is an absence of adequate longitudinal research in the area (Furstenberg, 1976). This is a short-coming which prohibits discovery of adjustment to the pregnancy and parenting roles as well as functional outcomes for the children produced. (2) Sampling in this research is often biased, and control measures frequently limited. This factor introduces bias on age, regional, socioeconomic, ethnic, and gender variables in some early research conducted in the field (Chilman, 1979; Vincent, 1961). (3) Comparison of groups are infrequently utilized in this research (Chilman, 1979; Furstenberg, 1976). This is a factor within some

adolescent research which may serve to magnify differences between pregnant and non-pregnant adolescents. There is a risk involved in describing a difference between these groups which may not really exist.

Noting for social workers the existence of these methodological limitations in the older research will not deter this researcher from the search for increased knowledge in this area. The knowledge of these limitations will warn future social workers to temper conclusions drawn from research with caution.

Black pregnant teenagers in the Black community is a crisis that threatens to cripple the economic progress and lock generations of children into poverty. Pittman (1985) focus attention on this aspect of teen pregnancy. Black teens account for 14 percent of the adolescent population, 28 percent of all adolescent births, and 47 percent of all births to unmarried teens. Social workers are aware that early childbearing among Black teens is a serious social problem and has considerable consequences for the young mother.



A view is held that Black youths are sexually permissive. It is assumed that the younger age at which Black youths engage in sexual intercourse and their pregnancy rate is isomorphic with promiscuity and a greater acceptance of out-of-wedlock births. Yet Baldwin (1976) suggest that few interpretations address the possible connection between early age (11 years) at which 21 percent of all Black girls reach menarche and their early entry into sexual activity leads to pregnancy. Ladner (1985) identifies a critical issue that social workers must deal with as well as the Black community...not only do Black girls enter into sexual activity at an early age, a significant number of Black teens are impregnated by adult males who engage in exploitative relationships with these adolescents. Finkel and Finkel (1977) study of the involvement on males in sexual partnership left the impression that adolescent males were simply not concerned about whether their partners got pregnant.

Although many Black teenagers are sexually active, apparently few are sexually responsible. Gallas (1980) claims that 50 percent of teenagers

between 15 and 19 are sexually involved, and few use any form of contraception. Teenagers can only be responsible about sexual behavior to the extent that adult society provides models of responsibility, and teaches or guides adolescents in their quest for knowledge and sound values. Kanter and Zelnik (1974) surveyed a national random sample of 4611 girls aged fifteen to nineteen and found that nearly three out of ten teenage girls who engage in premarital intercourse becomes pregnant. Thus, most adolescent premarital or non marital intercourse is irresponsible, and a premarital pregnancy is a rather common outcome.

The lower socioeconomic classes historically had a record of high premarital sexual permissiveness, although much of that is impressionistically recorded. Sex is a language, and it is a communication that is too often treated as a possession in our acquisitive, materialistic society (Wilson, 1965). Stark (1986) indicated that 50 percent of teenagers between 15 and 17 were sexually involved and "only 14 percent of teenage girls use contraceptives the first time they have intercourse. It would appear that these

teenagers are sexually active almost one year prior to obtaining information regarding birth control.

Research indicates that teen mothers are more likely to have birth complications, not to receive quality prenatal care, and to have more premature babies and low birth weight babies. Teen mothers are more likely to drop out of high school, go on welfare, and to be less competent as parents (Chilman, 1983; Furstenberg, 1980; Gibbs, 1984; Stanley, 1986).

Granted, teen pregnancy and childbirth are not exclusively a Black problem, they are, however, problems which seriously impacts the Black community. One of Chilman's (1983) findings was that the parents of Black youth, as compared to white parents, have less education, less money, and more unemployment. A variety of family factors seem to influence early sexual activity for adolescent females.

Children of any ethnic group having and attempting to rear children seems doomed to failure. Inadequate education and information are likely related to our high teenage pregnancy rate. Few teens use any form of contraception when they first become sexually active (less than one in seven according to

Gordon (1986), and many report they are embarrassed to get information about contraception (Stark, 1986). Others report they did not think they could get pregnant (Chilman, 1983).

While this study does not directly address teenage fathers, it is important to note that in reviewing the literature regarding Black male adolescent parents, one is hard pressed to find information that is not negatively oriented. Researchers usually emphasize father absenteeism and other perceived deficits, sensory deprivation, unemployment/under employment, educational handicaps, school dropout, alcohol and substance abuse, violence and aggression, genetic inferiority, family disorganization, unstable family, juvenile delinquency, and illegitimacy (Hetherington and Parke, 1975; Lamb, 1981; Lynn, 1974).

The research on adolescent fathers are very limited. It has been suggested by Hendricks (1982) that adolescent fathers tend to come from large families; their fathers were present, they become fathers at 17.8 years, about half had unwed sisters with children, about a third had brothers who were

unwed fathers, and a fourth were born to single parent homes. The strongest support for a positive picture of Black teenage fathers was found in a study by Hendricks and Montgomery (1983), these fathers were accepting of fatherhood, expressed love for the mother and child, and were concerned about the child's future. Robinson, Barret, and Skeen (1983) found no difference in the locus of control between unwed adolescent fathers and non fathers. Redmon (1985) found teenage fathers and fathers-to-be want to know and understand what's going on in their girlfriend's life. Furstenberg (1980) found that teen males expressed an interest and desire to help with their children. Barret and Robinson (1985) found that teenage dads maintained a positive relationship with their girlfriends and her family and that they planned to meet certain social, educational, and financial expectations for the mother and child.

Social workers must take the initiative to offer a contrary view of every negative stereotype about Black fathers who are involved with their children and families. Social workers recognize that despite logical and theoretical considerations, research still

emphasize teenage pregnancy as a problem of the female, many programs reflect this gender bias by offering services only to the mother and child even when the father acknowledges paternity, wishes to participate in the parenting process and maintains an ongoing relationship with the female partners (Brown, 1983).

This study explores the effects of the perceived impact of teen pregnancy on self and significant other. It is time to ferret out relevant research on the concept of self. Mead (1934) conceptualization of self as that which can be an object to itself through the social means of taking the attitudes of others toward self as our starting point. Stryker (1959) expanded on this social nature of the self by noting that:

the self is defined in terms of socially recognized categories and their corresponding roles. Since these roles necessarily imply relationships to others, the self necessarily implies such relations. One's self is the way one describes to herself her relationships to others in a social process.

In general, it has been argued that family relationships are of particular importance in the development of a self. Furthermore, the relationship between child and parent of the same sex has been viewed as crucial in forming an appropriately sex-typed self conception (Bronfenbrenner, 1960; Parsons, 1947; Lynn, 1961). It can be argued that taking the attitudes of others toward oneself and thereby constructing a self involves at least two components of information received from these others: attitudes of others with respect to what one should be (normative self); attitudes of others with respect to how well one measures up to these normative expectations (actual self). These two types of attitudes would then be reflected in the self description given by the individual as separate but related aspects or elements of self.

According to Diggory (1966), Freud equated self-love with self-evaluation. Freud thought he detected an instinctive tendency to treat one's "own body the same way as otherwise the body of a sexual object is treated" a tendency which he called "primary

narcissism." He thought that sexual instincts could not be distinguished from the self-preservation, self-assertive "ego instincts" until the individual has a love object outside of himself.

Lecky (1951) refers to self-concept as a maintainer of inner consistency. He claims that the individual is a unified system who tries to maintain harmony between himself and his environment. The individual might maintain consistency in three ways. He may refuse to see things in the environment; he may refuse to accept as valid things which other people tell him about himself; or he may strive to change things about himself or others.

Some theories have been supported by research. For example a relationship between self-concept and achievement has been established (Wylie, 1961; Purkey, 1970). Coopersmith (1967) studied ten year old white boys at three pre-determined levels of self concept: high, medium and low. His results indicate that boys with subjective high and medium self-concepts were more creative and independent than boys with subjective low self concepts. Low self-concept has been related to high anxiety. Cowen, Zax and Klein



(1965) studied the relationship between anxiety and a number of variables, one of which was self-concept. The subjects were nine year old children. Results suggested that high anxiety is negatively related to self concept.

How the adolescent perceived herself is associated with early sexual activity. The better the adolescent's self-image, the less likely she is to become sexually active at an early age or to experience an out-of-wedlock pregnancy (Becerra & Fieldler, 1987). Self-image is based on an individual's conception of her own worthiness, which is determined by self-perceptions and by interpretations of feedback from significant others (Rosenberg, 1979). Those who are important to an individual, whose opinions she desires, values, and respect, are the significant others.

It has been established that a high self-concept is important to adequate functioning in an individual. Studies previously mentioned demonstrated that a high self-concept is evident in persons possessing independence, creativity, low-anxiety and achievement.

This research is interested in those which stress the importance of the significant other. Sullivan (1947) initiated the phrase significant others to refer to people who play an important part in child's development. These significant others are influential in learning a self-concept, and in learning to self-evaluate. Reinforcement by significant others and modeling after significant others are important factors in learning self-esteem as opposed to self derogation. It is evident that significant others were important to a wholesome self-concept.

In a later study (Libby, White, & Gray, 1974) with a random sample of 421 college students, it was found that the degree that one perceives one's sexual standards to be close to the standards of one's mother explains more of the variation in one's own sexual attitudes than does perception of closeness to peers, friends, or dates' sexual standards. Additionally, perception of the liberality of parental sexual standards was crucial in predicting one's sexual attitudes. The research strongly indicated the greater importance of perceived closeness to mother's standards than closeness to father's standards in

relation to one's sexual attitudes. The father tended to be rather significant in affecting sexual attitudes of college students. Perceived closeness of one's standards to those of peers and friends was of less importance than the parental variables (especially the mother). However, peers and friends were of some importance in explaining male but not female sexual attitudes. The peer group is more crucial in male socialization concerning sexuality than it is with the female.

The female typically relates more closely to the family, while the male is concerned with his emerging role outside the family. Even if one perceives one's sexual standards to be close to those of friends and peers, the stronger sanctioning power of the mother can result in her having a greater influence on the sexual attitudes of her offspring.

Juhasz (1989) study indicates that a person becomes significant to another in relationship to one's own constellation of self-value. Perceptions of significant others, appraisal and feedback, along with self-appraisal, enable one to evaluate and

self-efficacy. Self-confidence is a by product of competence and becomes a stable element in the self-esteem constellation, one which carries over into specific situation.

Another issue related to the adolescent's sense of self and future is her involvement in outside activities. The likelihood of being sexually active is greater for adolescents who are not involved in social groups and recreational activities (Becerra & Fielder, 1987). In 1977, Zelnik, Kanter, and Ford, conducted a national study which found that pregnant Black adolescents between the ages of 15 to 17 perceive their own communities as being more accepting than the larger society of unwed teen mothers (Moore, Simms, & Betsey, 1986). One reason for this perception could be because of the traditional support that undergirded early marriages and took care of young single mothers in the Black community. Today, the extended family is likely to be a 17-year-old mother and 35 year-old grandmother each with one minimum wage job, if any (Pittman, 1985).

Frequently, it was regarded as shameful for parents to give a child to a complete stranger, Lewis

(1965) suggests that regardless of how difficult the family conditions may have been, one was expected to "stick to your own, take care of your own, and never turn them away." This maxim applied equally to one's daughter becoming pregnant, one's son getting into trouble with the police, or whatever. Rarely did Black families banish their children from their homes for some transgression.

Early pregnancy is often the end result of unprotected intercourse. Colletta, Hadler, Gregg (1981) noted that feelings of isolation, conflict with parents, and the pressure exerted by childcare concerns were assessed among a group of Black adolescents, single mothers. Ortiz (1982) found that girls intending to carry their pregnancies to term were more influenced by family and friends than were girls intending to have an abortion. The influence of parents and of partner in conception on the decisions of pregnant adolescents concerning adoption versus keeping the child was assessed by Leynes (1980). Held (1981) found that pregnant adolescents viewed their mother as important (often more important than self) and disapproving.

Coblner (1981) found problematic relationships with mother to be prominent and described three profiles of these relationships: (1) the retaining or bending mother; (2) controlling mother; and (3) the abandoning mother. Hatcher (1973) linked the motivation of adolescents for becoming pregnant with the desires to break away from the mother (early adolescent) and the desire to compete with her (middle adolescent). Olson and Worobey (1984) found that pregnant adolescents perceived less love, attention, and interdependence in their relationships with their mother than did these non-pregnant peers. Other studies found no difference in family environment between groups of pregnant and non pregnant adolescents (Honeyman, 1981; Prather, 1981).

Adolescents typically have anxieties about sex adolescent sexual attitudes and behavior provide a partial basis emerging sexual and marital life-styles. The general emotional climate of family life is also considered to be a powerful influence on sexual behavior. Adolescents from homes with poor or inadequate communication patterns with their parents are more likely to have sexual experiences in early

adolescence (Abernathy, 1976; Jessor and Jessor, 1975; Kanter and Zelnik, 1972; Sorenson, 1973).

Peer influence is a major factor in an adolescent's perception of teenage pregnancy. The attitudes and behaviors of the peer group are typically adopted by the individual. In many instances, the values and norms of the group will prevail over those conveyed by the family

Sexual behavior is increasingly regarded as a personal choice, and peers tend to express a high level of social tolerance for premarital intercourse. Reiss, Barnwart and Foreman (1975) maintains that abstinence is no longer the behavioral norm within the adolescent population and that permissiveness with affection appears to be the most increasingly accepted standards.

The more important religion is to an adolescent female and the greater the frequency of church attendance, the less likely she is to engage in premarital intercourse (Chilman, 1979). According to Ortiz (1982) study, girls who intended to carry their pregnancies to term had a lesser degree of

religiosity, than girls who intended to terminate their pregnancy.

An adolescent's future orientation also plays a role in the likelihood of engaging in premarital sex. Female adolescents with higher educational expectations are less likely to engage in early sexual intercourse (Jessor & Jessor, 1975; Urdy, Bauman & Morris, 1975). Female adolescents with more highly educated parents are also less likely to engage in premarital sex at an early age because they too, tend to have stronger future-oriented goal expectations (Zelnik, Kanter, & Ford, 1981).

Research evidence is contradictory regarding the type of self concepts Blacks in America possess. It is important for social workers to emphasize that most Black pregnant and non-pregnant teenagers are functioning in a capable manner. Their abilities to live normal lives would be greatly enhanced if this society were to provide the necessary opportunity to structures for pregnant teenagers, their children, their parents, and their grandparents.



### Theoretical Framework

According to Bolton (1980) two major theoretical foundations have been used in describing the problem of teenage pregnancy. The two theory base in the adolescent pregnancy area has been: (1) The Psychological View; (2) The Sociological View.

The theoretical frame that will inform this research study is Erikson's Theory of Identity Development. The specific stage of development which applies to this research is identity versus identity confusion.

Seltzer (1982) notes Erikson's discussion of identity, a reflective aspect of growth, which declares that the adolescent perceives herself to be what is seen in the eyes of others compared to what she, herself feels she is. The identity formation is believed to employ a process of simultaneous reflection on observation of others in relation to a personality significant typology.

Erikson's formulation implies that the adolescent self-judgement contains a depository of what the adolescent perceives as other's judgement of her. These judgments by others are nested within the

context of judgment of performance distinctively important to them. According to the Eriksonian Model, circularity between the self and other appear to be inescapable, and an awareness of prevailing values seem essential to the assessment of one's own performance which is judged in relation to these same values.

Erikson thought of identity formation as process that continues throughout one's life; but he believed that identity "has its normative crisis in adolescence." This identity is formed through the individual's psychological integration as well as through the social environment, which serves clinical functions during the process. In the search for self-definition, conflict arises between the adolescent and his or her parents as a necessary movement toward establishing the adolescent's own view of self, of the world, and of his or her own place in that world (Encyclopedia of Social Work, Vol I, 1987, P. 54).

#### Definition of Terms

Adolescents - The concept of adolescence - a period in the life cycle between childhood and adulthood;

early adolescence is designated as the age period of 13 through 16 and late adolescence as 17 through 21. Sometimes the age periods established for girls and boys are different, 12 through 21, and 13 through 22, respectively (Wolman, 1989).

**Self** - One's self is the way one describes to herself her relationships to others in a social process (Stryker, 1959).

**Significant Others** - Are the parental figures who are important to the person; they might be parents or guardians; sexual partners. Significant others are influential in learning a self-concept, and in learning to self-evaluate (Sullivan, 1947).

**African-American** - Americans of African or part African descent. As a matter of racial pride we want to be called "Blacks" - which replaced the term "Afro-Americans" - which replaced "Negroes", which replaced "Colored people", - which replaced "Darkies" - which replaced "Blacks". We cannot resolve the problems associated with racial and ethnic labels. Since there are persons within the group who prefer different

group titles, any one single choice will cause some discomfort; in this research Black, Negro, and African-American will be used interchangeably when referring to persons of African backgrounds (Lerone Bennett, Jr. "What's In a Name, Ebony, November, 1967, pp. 46-54).

Impact - The influence teenage pregnancy has on the adolescent.

Teenage Pregnancy - A pregnancy which occurs between the ages of 13 and 19 years of age.

Perceive - Become aware of through the senses or the understanding (Morehead & Loy, 1981).

#### Statement of the Hypothesis

There is no significant difference in Black pregnant teenagers versus Black non-pregnant teenagers perceived impact of teen pregnancy on self and significant other.

## CHAPTER THREE

### METHODOLOGY

#### Research Design

This is a comparative study which is intended to compare some factors that contribute to African-American pregnant and non pregnant adolescent females perceived impact of teen pregnancy on self and significant other. It will determine whether there is a relationship between factors such as income, self perception, peer relationship, family relationship, religion, and relationship with mother, that may influence the adolescent's perception.

#### Sampling

A convenience sample was selected from North Clayton High School in College Park, GA. Twenty (20) females between the ages of 14 and 19 participated in the survey. Some were pregnant students and some were not pregnant. These students were selected on the basis that they had or had not been identified by school officials as being pregnant. The students voluntarily agreed to complete the questionnaires and

each met the criteria of having a confirmed pregnancy or having never been pregnant.

#### Data Collection Procedure

The data for this study was obtained through individual interviews with each participant, using a structured questionnaire. Before administering the questionnaire, preliminary tasks were accomplished. These included introducing the researcher, the purpose and goals of the study. Confidentiality and anonymity were ensured; and parental consent was obtained for participants ages seventeen (17) and under, to become involved in the study. All subjects signed a consent form and verbal consent was also obtained from the school. From the sample identified, persons were given the option to refuse to participate in the study. Clear instructions for completing the questionnaire were provided. Time was allocated for questions and answers. The questionnaire took approximately 15 minutes to complete.

#### Instrument

A modified form of Walter W. Hudson's 1974, *The Clinical Measurement Package: A Field Manual* was the actual questionnaire administered to the group of

students. The questionnaire measured three different parts. Some questions aimed at gathering demographic information and measuring subjects perception of parents response to the issue of teen pregnancy. Some questions were selected from the Hudson's scale. Possible responses to these questions ranged from 1 to 5 and were scored by the reverse scoring method.

#### Data Analysis

The tabulation of this data was done with the SPSSX software at Georgia State University. The method of analysis was through descriptive statistics. The specific descriptive techniques used in presenting and analyzing the data were percentages and frequencies.

## CHAPTER FOUR

### PRESENTATION OF RESULTS

#### Null Hypothesis:

There is no significant difference between the perceived effect of teenage pregnancy among pregnant and non pregnant adolescents and their perception of self and significant others.

The total number of the respondents used in this study was 20 African-American female. Exclusively, 60 items were contained in the questionnaire distributed to the respondents in their various grades at Clayton High School, College Park, Georgia.

The instrument was broken down into three sections with instructions contained in each part. Also, there was standby assistance to the respondents during the exercise.

However, some of the items would be used for this study because the questionnaire was designed with projection for the future empirical analysis and provision for more information than envisaged for this particular exercise.



Table 1 - Age Distribution of Respondents. The age range of the respondent was between 14 to 19 years. Forty-five (45%) of the respondents were 16 years old, twenty percent (20)% were 17 years old, fifteen percent (15%) were ages 14 and 18. As observed the majority of the respondents were 16 years old which was necessary for this study because they are very ripe to get pregnant if sexually active. Also, their number was crucial for the participation of this age group in the study.

Table 1  
Age Distribution

Value Label	Value	Frequency	Percent
14	1	1	5.0
15	2	3	15.0
16	3	9	45.0
17	4	4	20.0
18	5	1	5.0
19	6	2	10.0
	Total	20	100.0

On the question of pregnancy and non pregnant experience among the respondents, (Table 2), half (50%) of the respondents indicated to have had pregnant experience. There was no indication that the

other half (50%) were not sexually active. Some factors might be responsible for not getting pregnant.

Table 2

## Group

Value Label	Value	Frequency	Percent
Single/Pregnant	1	10	50.0
Never Pregnant	2	10	50.0

The majority of the respondents thirty-five percent (35%) were in the 9th grade, followed by twenty-five percent (25%) in the 10th grade, twenty percent (20%) in the 11th grade, fifteen percent (15%) in 12th grade with no response from five (5%) respondents in this regard (Table 3).

Table 3

## Grade

Value Label	Value	Frequency	Percent
9th	1	7	35.0
10th	2	5	25.0
11th	3	4	20.0
12th	4	3	15.0
No response	9	1	5.0
Total		20	100.0

Significantly, all the respondents were teenage female African-American, (Table 4).

Table 4

Race

Value Label	Value	Frequency	Percent
African American	1	20	100.0
Total		20	100.0

This was an essential study with this population because teenage pregnancy, risk abortion and infant mortality were presumed very high. Also, the group seemed to lack proper and quality health care.

Therefore, the following were the areas verified:

Part I - Question 4 - Estimate your parents' income.  
 Part II: Question 4 - What do you think of premarital sex? Question 5 - What does your mother think of premarital sex? Question 15 - How do you perceive a young women who gets pregnant before finishing school? Question 16 - How do you think your mother would perceive a young women who gets pregnant before finishing high school? Question 26 - Do you plan to go to college? Question 30 - How important is your religious belief to you?

Part III - Items in this section were designed to measure statements about self-esteem. Section 2 - The following items are designed to measure how you see yourself. Response was focused on the statement "I feel that I need more self confidence." Section 6 - The following items are designed to measure the way you feel about the people you associate with most of the time, your peer group. Response was focused on "I don't feel like I am part of the group."

The largest selection of parent's income (Table 5) was \$21,000 - 30,000 annually. This majority was forty-five percent (45%). This was followed by \$11,000 - 20,000 with twenty percent (20%), \$5,000 10,000 and \$31,000 - 40,000 tied at fifteen percent (15%) with five percent (5%) absentia in this section. Apparently, income was another factor that played essential role in this study. One could have expected children from homes with low income of between \$5,000 - 10,000 and \$11,000 - 20,000 to range high because fifty percent (50%) of the respondents in Table 2 indicated they had been pregnant.

Question: Estimate your parents' income.

Table 5

Parents' Income

Value Label	Value	Frequency	Percent
5,000 - 10,000	1	3	15.0
11,000 - 20,000	2	3	20.0
21,000 - 30,000	3	9	45.0
31,000 - 40,000	4	3	15.0
No Response	9	1	5.0

An alarming number, sixty-five percent (65%) of the respondents declared that premarital sex depended on situation, while twenty percent (20%) stated it was okay to have premarital sex. However, ten percent (10%) were uncertain and five percent (5%) said it was a bad idea to have premarital sex. The majority of the respondents would engage in premarital sex upon "situation." That was the hard fact and the reality of the day. Significantly, five percent (5%) said there was nothing wrong with premarital sex, with another twenty percent (20%) uncertain about their opinion on the question. Invariably, ninety-five percent (95%) could or would engage in premarital sex. Significantly, only five percent (5%) reflected that premarital sex was a bad idea. Therefore, one could

conclude that the question of premarital sex was a worthwhile consideration under the circumstance, it was real. 19 out of 20 individuals in this situation, among these respondents, were sexually active. (Table 6).

Question: What do you think of premarital sex?

Table 6

Thinking of Premarital Sex

Value Label	Value	Frequency	Percent
It's Okay	1	4	20.0
Depends on Situation	2	13	65.0
Bad Idea	3	1	5.0
Uncertain	4	2	10.0

Surprisingly, half of the respondents, fifty percent (50%) indicated that parents thought premarital sex was a bad idea. Only five percent (5%) of the respondents thought that their mother would think premarital sex would "depend on the situation." Obviously, thirty percent (30%) did not understand their parents stand on premarital sex. They were therefore uncertain, while five percent (5%) saw their mother raising no eyebrows on premarital sex. This five percent (5%) acceptance was significant because,

given a larger population of respondents, the question would be more meaningful. (Table 7)

Question: What does your mother think of premarital sex?

Table 7

Mothers' Thinking on Premarital Sex

Value Label	Value	Frequency	Percent
It's Okay	1	1	5.0
Depends on Situation	2	3	15.0
Bad Idea	3	10	50.0
Uncertain	4	6	30.0

A remarkable forty-five percent (45%) of the respondents contended that they felt sorry about being pregnant before the end of high school. Closely followed by thirty-five percent (35%) who "don't care" about getting pregnant before the end of high school, while twenty percent (20%) realized that they looked forward to completing their high school education before pregnancy. Thirty-five (35%) was too high for this question. Therefore, for such a number (35%) to indicate that they did not care about seeing a young woman get pregnant before finishing high school was detrimental. This was an indication of lack of care

and healthy development among African American teenagers. (Table 8).

Question: How do you perceive a young woman who gets pregnant before finishing school?

Table 8

Perception of Girl Getting Pregnant Before Finishing High School

Value Label	Value	Frequency	Percent
Look Up To	1	4	20.0
Don't Care	3	7	35.0
Feel Sorry	4	9	45.0
Total		20	100.0

Some sixty percent (60%) of the respondents felt that their mother would view pregnancy at that age as a mistake. This figure was comparable to forty percent (40%) that indicated that mother would perceive pregnancy at the level as an act of irresponsibility. Also, comparison could be drawn on mother's view on premarital sex depending on the situation was fifteen percent (15%). However, indication of sixty percent (60%) about mother's perception of pregnancy before high school as a mistake was alarming. One question to ask was whether



these teenagers engaged in intercourse regardless of other variables? Conclusion could therefore be drawn that the question was invalid to pregnancy among the respondents. Other than perception, other factors could be responsible for their feelings of self worth. (Table 9).

Question: How do you think your mother would perceive a young woman who gets pregnant before finishing school?

Table 9

Mothers' Thinking of Pregnancy Before High School Over

Value Label	Value	Frequency	Percent
Irresponsible	1	8	40.0
Made a Mistake	2	12	80.0
	Total	20	100.0

Sixty-five percent (65%) of the respondents indicated that they would go to college. The example was obvious in Table 6 where sixty-five (65%) thought that premarital sex "depended on the situation", Table 8 where thirty-five percent (35%) of respondents felt nonchalant to the perception of a girl getting

pregnant before she completed high school, and Table 9 where respondents indicated that mothers' perception of a young woman who got pregnant before completing high school was a mistake. However, twenty-five (25%) of the respondents were very sure they would not go to college and ten percent (10%) were yet to make up their mind. The last two figures could be combined to have an assumed total of thirty-five percent (35%) who would at least be sure, they would not go to college. Suffice it to note that even among the sixty-five (65%) who indicated college education, some were very prone to fall out, "depending on the situation." Therefore the issue was not the perception of pregnancy and non pregnancy among African American teenagers. (Table 10)

Question: Do you plan to go to college

Table 10

Plan To Go To College

Value	Label	Value	Frequency	Percent
Yes	1	13	65.0	
No	2	5	25.0	
Undecided	3	2	10.0	
Total		20	100.0	

Forty-five percent (45%) of the respondents considered religious beliefs very important. (Table 11). The age range of these teenagers was 14 to 19 years. At this stage of development, religious practices of their parents are supposed to be highly influential to their lives. Invariably, this would result in very high moral standards and ethical development. The score of forty-five percent (45%) negated this standard. However, fifty-five percent (55%) indicated their religious beliefs important. In this concept, and based on the previous selection of crucial answers in Tables 6, 7, 8, 9 and 10, "important" as selection of a discrimination of behavior, was inadequate for this concept. Therefore, perception of religious belief had little effect in the lives of African American teenagers.

Question: How important is your religious belief to you?

Table 11

Religious Beliefs

Value Label	Label	Frequency	Percent
Very important	1	9	45.0
Important	2	11	55.0
	Total	20	100.0

Part III - In this design, respondents answered each item as carefully and as accurately by circling the appropriate number. Again, this aspect verified the self-esteem of the teenagers and it was considered very a significant scale. (Table 12)

The score indicated here shows that just thirty percent (30%) of the respondents felt that they possessed self confidence "some of the time." It was rather unfortunate that this small number of African American females possessed this fatal ego of functioning. Hopefully, another twenty-five percent (25%) expressed that they were self confident "most or all the time." A considerable number of the respondents shared they they "rarely or none of the time" had confidence, fifteen percent (15%); little confidence at a time, fifteen percent (15%) each respectively. Conditionally, seventy-five percent (75%) of the African-American female teenagers could not express adequate quality sense of confidence. Could this be a factor of race, home, society or what? These questions should be another area of study.

Question: How do you see yourself?

Table 12

I Need More Self-Confidence

Value Label	Value	Frequency	Percent
Rarely/None of Time	1	3	15.0
Little of Time	2	3	15.0
Some of the Time	3	6	30.0
Good Part of Time	4	3	15.0
Most of all the Time	5	5	25.0

An unexpected number, fifty-five percent (55%), of the respondents responded that they "rarely or none of the time" felt part of the group. Only twenty-five percent (25%) of the teenagers felt part of the group "some of the time". Negative attitudes in this area of development were honestly expressed.

Unfortunately, it was an unhealthy quality of self development in this adolescent period. Teenagers who felt "part of the group little at of time" and those who felt part of the group "good part of the time" tied at ten percent (10%). Furthermore, it was noteworthy, that only ten percent (10%) of the respondents felt they were happy with their group numbers. This number was considered low for this important trait of self development and determination

among young growing individuals. At this point, reference would be made about their religious beliefs in Table 11, "care less" about pregnancy in Table 8 and projection for college education in Table 10. Therefore, sex or no sex, pregnancy or non pregnancy were factors contingent on perception of self among these individuals. (Table 13).

Question: How do you feel about the people you associate with?

Table 13

Peer Group

Value Label	Value	Frequency	Percent
Rarely/None of Time	1	11	55.0
Little of Time	2	2	10.0
Some of the Time	3	5	25.0
Good Part of Time	4	2	10.0

The hypothesis tested in this study: There is no significant difference between the perceived effect of teenage pregnancy among pregnant and non pregnant adolescents and their perception of self and significant others.

Rejection of this hypothesis was based on the results from the findings such as: peer group in

Table 13, self confidence in Table 12; religious beliefs in Table 11; plan to go to college in Table 10; mother's thinking of pregnancy before high school is over in Table 9; perception of girl being pregnant before high school is over in Table 8; mother's thinking of premarital sex in Table 7; Thinking of premarital sex in Table 6; and parents' income in Table 5.

Obviously, the scores were relatively inadequate to uphold the null hypothesis, therefore, the hypothesis was rejected on this determination.

## CHAPTER FIVE

### SUMMARY AND CONCLUSIONS

Perhaps some of the teenage problems among African-Americans could not be viewed in isolation of their parents' plight. Also, many studies have been done on the emergence and emancipation of the race.

Results in this study reflected some damage done to the race over the years and transferred from one generation to another and becoming much more complex in today's technological world.

One key example of such was the issue of self esteem among the respondents studied in this work. As indicated in Table 12, seventy-five (75%) of the respondents had an inadequate sense of self. The era of 14 - 19 years of age were crucial and very significant to the lives of individuals in this delicate and crisis ridden period. That the female population, the mothers to carry on their generation, felt this way could be considered pathological and degrading to the human race. What happened to our mothers that their daughters envisaged fifty percent (50%) of mothers would think premarital sex was a bad



idea. No wonder another sixty percent (60%) of their daughters (Table 9) would think the idea of a young woman getting pregnant would be a mistake. While esteem was low, anything would be possible. How could one explain mother's thinking of premarital sex "depending on the situation" to be fifteen percent (15%), (Table 7). Definitely, the cause of this destructive functioning of human machinery should be corrected. As the saying goes, "education a man and you educate an individual, but educate a woman and you education a whole nation." Therefore, that barely sixty-five (65%) of African-Americans planned to go to college was equally disappointing. Various developmental, environmental, and other plausible distractors were also considerations to this expected number.

Similarly, respondents in the age group were also discontented with others in their population. No wonder seventy-five (75%) possessed the feelings of inadequacies among their groups. Only thirty-five (35%) expressed self confidence in this highly competitive and turbulent time in the schools and other institutions. Obviously some of them are likely

to take sex and invariably pregnancies as an escape route of their predicaments. What would be the goals of human race, most especially, when the youths of society felt this way. In fact, thirty-five percent (35%) clearly contended they did not care if they became pregnant. A sense of hopelessness expressed by the teenagers was in fact an expression of their parents. Exactly sixty percent (60%) predicted their mothers would think of their pregnancies as mistakes. Surely, there are some ways to take care of their daughter's sexual activities other than pregnancies. Or maybe some of them put their daughters in the sexual trade to benefit economically. Promiscuity was prevalent in some homes where pregnancies were acceptable.

Whichever way one looks, the hand writing is on the wall and the result is distinct and obvious. Unfortunately, societies that played with their youths suffered the inevitable consequences. This one would not be an exception.

#### Suggested Research Directions

Various recommendations served as conclusions for this study. Therefore it would be envisaged that:

- 1) Similar tests be given to teenage African-American males in the same school.
- 2) Large populations of teenagers be involved in this study in different schools and locations.
- 3) Correlation of this study with others of this type would be necessary.
- 4) Some variables such as socio-economic-cultural factors be investigated more thoroughly.
- 5) Societal, environmental, political and health factors would be some of the necessary organs of change.
- 6) What significant cultural barriers manifest against African-American teenagers. Were they inherited or transferred, in ways remedies could be avoided.

#### Limitations of the Study

The limitations of this study was contingent on the number of respondents. This was intentional because the study was an approach to the problem as determined by the view of Autonomous Social Work Practice, the Humanistic Value and the Afrocentric Perspective of the Clark Atlanta University School of Social Work Matrix. Hopefully, other studies would

follow this work in the struggle to provide better opportunities for African-American in the United States and the world at large.

## CHAPTER SIX

## IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social work practitioners must acquire knowledge that allows them to understand the overall, holistic development of adolescents, and have an awareness of the adolescents' specific needs, issues, and problems. Knowledge of cultural, ethnic, and racial differences that influence adolescent behaviors and attitudes are essential to social work practice.

It is important for social work practitioners to be aware of the perceptions of adolescents toward decisions about premarital sex and teen pregnancy. Most adolescents have a high social tolerance for teen sexual involvement and teen pregnancy. Many regard the decision to indulge as a personal choice which depends on the situation a young person is involved in.

Adolescents are dealing with developmental changes within themselves as well as in the world; and they are expected to successfully integrate all inner and outer changes. A number of problems can arise during adolescence because of the fast developmental

changes. Pregnancy is one of the problems that can occur. Certainly, social workers should have the knowledge, skills, strategies, and intervention techniques to address this very complex population.

There are numerous theories describing the problem of teenage pregnancy from which social workers may draw from. The theoretical frame that has informed this research study is Erikson's Theory of Identity Development. The specific stage of development which applies is the stage of Identity versus Identity Confusion.

Adolescents who develop positive self-images are not the ones who come to the attention of the social worker. Rather, the adolescent who is confused about her role and sex identity or who has low self-esteem is the one who needs the attention and counseling. Many times this adolescent is low-income and belongs to a minority group who may lack opportunities to engage in the struggle for a positive identity of her own and to fulfill her potential. The theoretical frame that addresses this phase of development is Developmental Theory. It helps the worker to

understand the various stages and crisis the teenager is confronted with.

Social work practitioners must develop innovative programs and services that will assist the significant other in helping the teenager delay sexual involvement. More accessible prevention programs and teen support groups must be created to provide positive alternative activities for teens. It is further highly recommended that the practice frames most appropriate for this population are group and family systems. These two practices are supported in this study because peer groups and families have a tremendous influence on this population.

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**APPENDICES**

CLARK ATLANTA UNIVERSITY  
ATLANTA, GEORGIA 30314

Dear Parent(s):

My name is Sandra Shular. I am a graduate student at Clark Atlanta University School of Social Work. I am conducting a survey designed to access some of the factors that contribute to how adolescent girls perceive teenage pregnancy as it effect themselves; and how they perceive teenage pregnancy as it effect their significant other. I would like your permission for your child's participation in this survey. Confidentiality and anonymity will be assured. Your child's name will not appear on the questionnaire.

If you have any questions regarding this survey, you may contact me through the counselor' office, Mr. Mosley, at 994-4035.

Thank you for your assistance and cooperation.

Sincerely yours,

Sandra T. Shular  
Graduate Student

Hattie Mitchell  
Thesis Advisor

-----  
I consent \_\_\_\_\_ I do not consent \_\_\_\_\_ for my child  
to participate in this study.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

CLARK ATLANTA UNIVERSITY  
ATLANTA, GEORGIA 30314

Dear Participant:

My name is Sandra Shular. I am a graduate student at Clark Atlanta University School of Social Work. I am conducting a research study designed to access some of the factors that contribute to how adolescent girls perceive teenage pregnancy as it effect themselves and as it effect their significant other. Please assist me by completing the following questionnaire. It will take you approximately 15 minutes to answer the questions. Your participation is strictly voluntary. Your responses will be totally confidential; and your name will not appear on the questionnaire. If you have any questions regarding this study, please feel free to ask.

If you understand all of the above statements and agree to participate in this study, please sign below. Thank you for your cooperation.

Sincerely yours,

Sandra T. Shular  
Graduate Student

Hattie Mitchell  
Thesis Advisor

---

Participant's Signature

---

Date

Thank you for participating in this research study. To insure confidentiality, do not put your name on the questionnaire. I would like for you to answer each question as carefully and accurately as possible.

**PART I. BACKGROUND INFORMATION:** Please circle the appropriate response.

- |                      |                        |
|----------------------|------------------------|
| 1. What is your age? | 2. What grade are you? |
| 1. 14                | 1. 9th                 |
| 2. 15                | 2. 10th                |
| 3. 16                | 3. 11th                |
| 4. 17                | 4. 12th                |
| 5. 18                |                        |
| 6. 19                |                        |
- 
- |                       |                            |
|-----------------------|----------------------------|
| 3. What is your race? | 4. Estimate parents income |
| 1. African American   | 1. 5,000 - 10,000          |
| 2. White              | 2. 11,000 - 20,000         |
| 3. Hispanic           | 3. 21,000 - 30,000         |
| 4. Other (specify)    | 4. 31,000 - 40,000         |
- 
5. What is your religious preference? \_\_\_\_\_

**PART II.** Please circle the appropriate response.

1. How old were you when you had your first date?
- |             |                |
|-------------|----------------|
| 1. Under 10 | 6. 14          |
| 2. 10       | 7. 15          |
| 3. 11       | 8. 16          |
| 4. 12       | 9. 17          |
| 5. 13       | 10. 18 or over |
- 
2. How much difficulty did you have in early adolescence in making friends with the other sex?
- |               |                |
|---------------|----------------|
| 1. Very Great | 3. Average     |
| 2. Great      | 4. Little      |
| 3             | 5. Very little |

3. How confident are you at present in associating with the other sex?
  1. Very Confident
  2. Confident
  3. Little confidence
  4. No consideration at all
4. What do you think of premarital sex?
  1. It's okay
  2. Depends on situation
  3. Bad idea
  4. Uncertain
5. What does your mother think of premarital sex?
  1. It's okay
  2. Depends on situation
  3. Bad idea
  4. Uncertain
6. Do you think sex education should be taught in high school?
  1. Yes
  2. No
7. Do you understand the purpose of birth control methods?
  1. Yes
  2. No
8. Have you ever used a birth control method?
  1. Yes
  2. No
9. Are you currently using any type of birth control?
  1. Yes
  2. No
10. What should an unmarried pregnant teenage girl do?
  1. Keep the child
  2. It is her decision
  5. Put the baby up for adoption
  6. Get married

3. Finish school
  4. Talk to someone
  7. Should not get married
11. What do you think your mother would say about what an unmarried pregnant teenage girl should do?
1. Keep the child
  2. It is her decision
  3. Finish school
  4. Talk to someone
  5. Put the baby up for adoption
  6. Get married
  7. Should not get married
12. Have you every been pregnant?
1. Yes
  2. No
13. Are you pregnant now?
1. Yes
  2. No
14. If you are not pregnant now and you do not have a child, have you every had an abortion?
1. Yes
  2. No
15. How do you perceive a young woman who gets pregnant before finishing school?
1. Look up to
  2. Look down on
  3. Don't care
  4. Feel sorry for
16. How do you think your mother would perceive a young woman who gets pregnant before finishing high school?
1. Irresponsible
  2. Made a mistake

- 3. Too permissive
- 4. Uninformed about consequences of premarital sex

17. Do you discuss sex or birth control with your mother?

- 1. Yes
- 2. No

18. Do you discuss sex or birth control with your father?

- 1. Yes
- 2. No

19. What information about sex and reproduction did your parents give you (Check yes or no to the following subjects)

	YES	NO
Menstruation	_____	_____
Nocturnal Emissions	_____	_____
Where babies come from	_____	_____
Coitus (Sexual Intercourse)	_____	_____
Venereal Disease	_____	_____
Contraceptives	_____	_____
Orgasm	_____	_____
AIDS	_____	_____
Sexually Transmitted Diseases	_____	_____
Pleasure of Sexual Relations	_____	_____
Sex Perversions	_____	_____
Difficulty of Controlling Sexual Emotion	_____	_____



20. What adult(s) do you turn to for guidance regarding sexual information (Rank in order from one to seven?)

_____Mother	_____School Social Worker
_____Father	_____Teacher
_____Relatives	_____Clergy
_____School Counselors	

21. Would you be willing to ask for help from a social worker in dealing with sexual problems?

1. Yes            2. No

22. What do you think your marital status will be in ten years?

1. Single, no children	3. Married, no children
2. Single parent	4. Married parent

23. How much control do you think you have over your life?

1. A lot  
2. Some  
3. Very little

24. Do you have any specific career goals?

1. Yes            2. No

25. How likely are you to attain your career goals?

1. Very  
2. Likely  
3. Not likely

26. Do you plan to go to college?

1. Yes  
2. No  
3. Undecided

27. How important does your family feel it is for you to complete high school?
1. Very important
  2. Important
  3. Not important
  4. Uncertain
28. How often do you attend church?
1. Frequently
  2. Infrequently
  3. Never
29. How often do your parent(s) attend church?
1. Frequently
  2. Infrequently
  3. Never
30. How important is your religious belief to you?
1. Very important
  2. Important
  3. Not important
31. How important are your parents religious beliefs to them?
1. Very important
  2. Important
  3. Not important
  4. Uncertain
32. From the way your parents informed you, or failed to inform you about sex, what did you conclude about sex?
1. Sex was a beautiful experience in marriage
  2. Sex was an acceptable part of husband/wife relationship
  3. Sex was something women had to tolerate in marriage
  4. Sex was dirty and vulgar
  5. Sex was for having children only
  6. Sex wasn't for children to know about
  7. Sex was not to be talked about

PART III. Answer each item as carefully and as accurately as you can by circling the appropriate number.

- 1 = Rarely or none of the time
- 2 = A little of the time
- 3 = Some of the time
- 4 = A good part of the time
- 5 = Most or all of the time

The following items are designed to measure your general contentment. PLEASE BEGIN

1. When things are tough, I feel there is always someone I can turn to. 1 2 3 4 5
2. I feel that the future looks bright for me. 1 2 3 4 5
3. I feel that I am appreciated by others. 1 2 3 4 5
4. I have crying spells. 1 2 3 4 5
5. I feel that my situation is hopeless. 1 2 3 4 5

The following items are designed to measure how you see yourself. PLEASE BEGIN

1. When I am with other people I feel they are glad I am with them. 1 2 3 4 5
2. I feel that I need more self confidence. 1 2 3 4 5
3. I think I am a rather nice person. 1 2 3 4 5

4. I feel that I am a likeable person. 1 2 3 4 5
5. I think that I am a dull person 1 2 3 4 5

The following items are designed to measure how you see yourself. PLEASE BEGIN

1. Sex if fun for my partner and me. 1 2 3 4 5
2. I feel that my partner sees little in me except for the sex I can give. 1 2 3 4 5
3. I feel sex if dirty and disgusting. 1 2 3 4 5
4. I think sex if wonderful 1 2 3 4 5
5. I feel that my partner wants too much sex from me. 1 2 3 4 5

The following items are designed to measure the degree of contentment you have in your relationship with your mother. PLEASE BEGIN

1. I get along well with my mother. 1 2 3 4 5
2. I feel that I can really trust my mother. 1 2 3 4 5
3. My mother puts too many limits on me. 1 2 3 4 5
4. I feel like I do not love my mother. 1 2 3 4 5
5. I wish my mother was more like others I know. 1 2 3 4 5
6. I feel proud of my mother. 1 2 3 4 5
7. My mother does not understand me. 1 2 3 4 5

The following items are designed to measure the way you feel about your family as a whole. PLEASE BEGIN

1. The members of my family really care about each other. 1 2 3 4 5
2. I really enjoy my family. 1 2 3 4 5
3. There is no sense of closeness in my family. 1 2 3 4 5
4. Members of my family get along well together. 1 2 3 4 5
5. My family is an unhappy one. 1 2 3 4 5

The following items are designed to measure the way you feel about the people you associate with most of the time, your peer group. PLEASE BEGIN

1. I get along very well with my peers. 1 2 3 4 5
2. My peers really seem to respect me. 1 2 3 4 5
3. I don't feel like I am "part of the group". 1 2 3 4 5
4. My peers seem to look down on me. 1 2 3 4 5
5. My peers really understand me. 1 2 3 4 5

Portions of this questionnaire were taken from:  
Hudson, Walter, W. (1982). The Clinical Measurement Package: A Field Manual. Homewood, IL. The Dorsey Press.